

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissionerwww.oci.ga.gov**2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334**
Phone: **404-656-2074** ♦ Fax: **404-657-7743** ♦ Email: **RegServices@oci.ga.gov****APPLICATION TO SERVE AS OFFICER, DIRECTOR OR TRUSTEE OF
GROUP SELF-INSURANCE FUND****INSURANCE FINANCIAL
OVERSIGHT****GID-265-RS JAN2015
(same as GSF-5)**

To the Commissioner of Insurance, of Georgia State, and the _____ Fund:

Application is hereby made to serve as _____ of the Fund.

(If additional space is required to answer any question, use separate sheets of paper, numbering each to correspond to the question being answered.)

(1) Name _____

(2) Address _____

(3) Telephone Number _____

(4) Name of Fund _____

(5) Address of Fund _____

(6) Position applied for _____

(7) Term of Office _____

(8) Duties _____

(9) Date of Birth _____

(10) Social Security Number _____

(11) Have you been convicted of any crime other than minor traffic violations within the last ten years?
_____ No _____ Yes, explain: (_____)(12) Are you an owner, officer, director, shareholder or employee of any administrator or any parent of affiliated company?
_____ No _____ Yes, explain: (_____)

(13) Educational Background. List all institutions of higher learning, dates attended, areas of study and degrees received. Include any specialized training, courses or seminars.

(14) Experience. List all relevant employment experience. Include at least three professional references. Include any specialized licenses in any state, memberships in professional, technical or honorary societies, publications, honors or awards. If any license has been refused, suspended, canceled or revoked, explain.

(15) Have you ever been an officer, director, trustee, investment committee member, key employee or major stockholder of any company which became insolvent, received a cease and desist order, was placed in receivership or conservatorship, was charged with any securities regulation or any insurance violation regulation? If so, explain.

(16) Have you ever been declared bankrupt?
_____ No _____ Yes, explain: (_____)

Enclose any proposed contract with the Fund providing for compensation to the applicant, organization, company or firm in which the applicant is interested.

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In consideration for the application, the applicant agrees as follows:

(A) That the applicant will comply with all provisions of O.C.G.A. Chapter 34-9, the Regulations promulgated there under, all lawful Orders of the Commissioner, the Rules and Orders of the State Board of Workers' Compensation, the bylaws of the Fund and the terms of any contract with the Fund approved by the Commissioner.

(B) That the applicant will be in a fiduciary relationship with respect to any monies of the fund received, collected, disbursed or invested. _____(Initial)

(C) That no financial obligation of the applicant will be guaranteed by the by the Fund. _____(Initial)

(D) That the applicant and any company or firm in which the applicant is interested will not deposit or invest the Fund's assets except in the name of the Fund, borrow the assets of the Fund; be pecuniarily interested in any loan, pledge of deposit, security, investment, sale, purchase, exchange, reinsurance or other similar transaction or property of the Fund; take or receive for his own use any fee, brokerage, commission, gift or other consideration for or on account of any such transaction made by or on behalf of the Fund; except in accordance with O.C.G.A. section or for reasonable compensation for services performed or sales or terms of a contract by the commissioner. _____(Initial)

(E) That any contract providing for compensation from the Fund to the applicant or any company or firm in which the applicant is interested must be approved and may be modified by the Commissioner. In the event of modification by the Commissioner, the applicant reserves the right to withdraw this application.

(F) That the applicant will notify the Fund and the Commissioner within fourteen (14) days of any change in any of the information contained in this application.

AFFIDAVIT

I, the undersigned, swear (or affirm) that to the best of my knowledge and belief, the statements contained in the application, including the accompanying documents, are true and complete.

(SIGNATURE OF APPLICANT)

(PRINT NAME)

(TITLE)

(DATE)

NOTARY	Sworn to and Subscribed before Me this _____ day of _____, _____.	(Seal)
	In the County of _____, State of _____.	
	_____ (Notary Public)	_____ (My Commission Expires)